

PESTICIDE SAFETY TRAINING RECORD

Trainer Qualifications: _____

☐ Flagger ☐ Other

Employee's Initials

Annual Training	Specific Pesticides					

Safe Use of Pesticides	READ THE LABEL: Signal word, caution statements, first aid, rate, dilution volume. Applicable laws and regulations. MSDS and PSIS leaflets.							
	PROTECTIVE CLOTHING AND EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron. Equipment cleaning and maintenance.							
	USE OF ENGINEERING CONTROLS (i.e. closed system, enclosed cabs).							
	SAFETY PROCEDURES: To be followed while mixing, loading, applying pesticides. Procedures for handling non-routine tasks or emergency situations.							
	DRIFT: Confine the spray to the crop. Watch out for people, animals, waterways, or any special hazard. Work into the wind.							
	TRIPLE RINSE PESTICIDE CONTAINERS AT TIME OF USE: Never take home pesticide containers used at work.							
	STORE pesticides in a LOCKED and posted area or with an authorized person watching the cans.							
	WEAR CLEAN WORK CLOTHES DAILY. Be aware of pesticide residues on clothing.							
	WASH hands and arms with SOAP & WATER: Before eating, drinking, smoking, going to the bathroom. Emergency eye flushing techniques.							
Health Information	WASH COMPLETELY at the end of the workday. Change into clean clothing.							
	EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located.							
	HEAT RELATED ILLNESS: Prevention, recognition, and first aid treatment.							
	LOCATION OF PESTICIDE SAFETY INFORMATION SERIES (PSIS): Material Data Safety Sheets (MSDS), Pesticide Use Records, safety posters, and Restricted Entry Interval information.							
	EMPLOYEE'S RIGHTS: Against discharge, discrimination. Rights to receive information.							
	THE NEED FOR IMMEDIATE DECONTAMINATION of skin and eyes when exposure occurs.							
	SYMPTOMS OF POISONING: Pinpoint pupils, nausea, shortness of breath, dizziness, headaches, blurred vision. Ways poisoning or injury can occur.							
	ROUTES THROUGH WHICH PESTICIDES ENTER THE BODY.							
	UNDERSTANDING THE IMMEDIATE AND LONG TERM HAZARDS involved in handling pesticides. Known or suspected chronic and acute effects.							
	MEDICAL SUPERVISION: Required when working with carbamate or organophosphate pesticides with signal word of DANGER or WARNING.							

Date of Training

DATOS DE ENTRENAMIENTO DE SEGURIDAD PARA EL USO DE PESTICIDAS

Entrenamiento Anual	Pesticidas Especificas				

uso seguro de pesticidas	Lea la etiqueta: Palabras senales, declaracion precauciones, primeros auxilios, razon, dilucion, volumen. Leyes y regulaciones aplicables, MSDS, y hojilla de PSIS.								
	Ropa y Equipo Protector (sobreropa, guantes,gafas, botas de hule, respirador, delantal) Limpiando y mantenimiento de equipo.								
	Uso de reguladores de ingenieria como sistema cerrados o casillas encerrados.								
	Procedimientos se guro que deben usar cuando Mezclando,cargando, o aplicando pesticidasSituaciones de emergencia.								
	Corriente de aire: Limite en rocío en la cosecha. Tenga cuidado con gente, animals, canales, o cualquier peligro especiales.								
	Enjuague los envases tres veces en tiempo de uso. Nunca se lleve envases de pesticidas usadas en su trabajo para su casa.								
	Use ropa de trabajo limpia diariamente. Darse cuenta de residuos de pesticides en su ropa.								
	Los envases de pesticides deben estar en un almacenaje con candado y rotulos o con una persona autorizada cuidando los.								
	Lave las manos y brasos con agua y jabon: Antes de comer, beber, fumar y ir al bano. Tecnicas de emergencia para enjuagarse los ojos.								
	Lavarse completamente a fin del dia de trabajo; cambiarse a ropa limpia.								
Informacion de Salud	Donde buscar atencion medica en emergencia: Nombre, domicillio, numero de telefono de la clinica, doctor, o cuarto de emergencia del hospital.								
	Prevenicon,Reconocimiento, Primeros Auxilios y Tratamiento de ENFERMEDAD RELACIONADA AL CALOR.								
	Localizacion de las series informacionales de seguridad con pesticidas o datos de seguridad de la material. Archivos de aplicaciones de pesticidas letreros de informacion, y informacion de intervalos restringidos de reingreso (REI)								
	Derechos del empleado: contra descarga, discriminacion y derechos de recibir informacion.								
	La Necesidad para purificacion inmediatamente de la piel y los ojos cuando exposicion sucede.								
	Sintomas de envenenamiento: Pupilas muy pequenas, nausea, vertigo, delor de cabeza, vision borrosa,respiracion breveda. Modo como envenenamiento o lesion puede ocurrir.								
	Rutas a traves como pesticidas pueden entrar al cuerpo.								
	Entendimiento de los peligros cuando use pesticidas. Saber efectos sospechosos o conocidos aguados o cronicos.								
	Supervicion medica: requerido si trabajo mas de 6 dias en 30 dias con carbamates, organophosphatos con las palabras "PELIGRO O AVISO"en la etiquetta.								

Fecha De Entrenamiento

EMPLOYEE PESTICIDE USE RECORD

Employee Name: _____

Whenever an employee mixes, loads, or applies a DANGER or WARNING pesticide that contains an **organophosphate** or **carbamate**, the employer must maintain use records that identify the employee, name of the pesticide, and date of use. Retain these records for **three years**.

[illegible]

FIELDWORKER SAFETY TRAINING RECORD

NAME OF EMPLOYER: _____ DATE: _____

NAME OF TRAINER: _____

TRAINER'S QUALIFICATION: _____

Symptoms of poisoning: Pinpoint pupils, nausea shortness of breath, dizziness, blurred vision. Ways poisoning or injury can occur.	Location of pesticide safety information series (PSIS Material safety data sheets (MSDS), pesticides use Reports, safety posters, and restricted entry intervals.
Wash hands and arms with soap and water: Before eating drinking, smoking, or going to the bathroom Emergency Eye flushing techniques.	The need for immediate decontamination of skin and Eyes when exposure occurs.
Wash completely at the end of the work day, change into clean clothing.	Employee's rights: against discharge, discrimination, Rights to receive information.
Wear clean work clothing daily. Be aware of pesticide residues on clothing.	Routes through which pesticides enter the body.
Understanding the immediate and long term hazards involved In handling pesticides. Known or suspected chronic and acute effects.	Prevention, recognition, and first aid treatment of Heat related illness.
Emergency medical information: Name, address, phone number of clinic, physician, or hospital emergency room and where the Information is located.	Restricted entry intervals and posting. Do not enter treated areas.
Never take home pesticide containers used at work.	

Print Your Name

Sign Your Name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

ARCHIVO DE ENTRENAMIENTO
DE PESTICIDAS PARA CAMPESIONS

NOMBRE DE PATRON: _____ **FECHA:** _____

NAOMBRE DE ENTREADOR: _____

CALIFOCACIONES DE ENTRENADOR: _____

Sintomas de envenenamiento: Pupilas muy pequeño, náusea, vértigo, dolor de cabeza, visión borrosa, respiración breve. Modo de envenenamiento o lesión puede ocurrir.	Localización de serie de información de seguridad con pesticidas o datos de seguridad de la material. Archivos
Lave las manos y brazos con agua y jabón: Antes de comer, beber, fumar, o ir al baño. Técnico de emergencia para enjuagarse los ojos.	de aplicaciones de pesticidas, letreros de información, y información de intervalos restringidos de reingreso (REI)
Lavarse completamente al fin del día de trabajo; cambiarse a ropa.	La necesidad para purificación inmediatamente de la piel y los ojos cuando exposición sucede.
Usa ropa de trabajo limpia diariamente. Darse cuenta de residuos de pesticidas en su ropa.	Derechos de empleados: Contra descarga, discriminación, y derechos de recibir información.
Entendimiento de los peligros cuando use pesticidas. Saber efectos sospechosos o conocidos agudos o crónicos.	Rutas a través como pesticidas pueden entrar al cuerpo. Boca, piel, ojos, inhalación.
Donde buscar atención médica en emergencia: Nombre, domicilio, número de teléfono de la clínica, doctor, o cuarto de emergencia del hospital.	Prevención, reconocimiento, primeros auxilios, Tratamiento de enfermedad relacionada al calor.
Nunca se lleve de pesticidas usadas en su trabajo para su casa.	Intervalos de entrada restringidos No entren a una área tratada.

Escriba su Nombre en Letra de Molde

Firma

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Medical Supervision Program
MEDICAL SUPERVISION WRITTEN AGREEMENT

I, _____, agree to provide medical supervision for (Physician name)

the employees of _____.
(Grower or Company)

I possess a copy of, and am aware of the contents of, the following document:
Medical Supervision of Pesticide Workers—Guidelines for Physicians.

(Physician)

(Address)

(City, State, Zip)

(Telephone)

(Signed)

(Grower Name/ Company)

(Address)

(City, State, Zip)

(Telephone)

(Signed)

WRITTEN TRAINING PROGRAM

Employer Name: _____

Trainer's Name: _____

Trainer's Qualifications: _____PA _____QAL/QAC _____PCA

Training Materials:

Name of videos, pamphlets, or other training materials, and a brief description:

1. _____

2. _____

3. _____

4. _____

Pesticide labeling from the following products:

Pesticide Safety Information Series (PSIS) leaflets used:

Material Safety Data Sheets (MSDS) for the following products:

LETTER OF AUTHORIZATION

To: _____ County Agricultural Commissioner

From: _____
OPERATOR OF THE PROPERTY (PRINT NAME)

ADDRESS

CITY, STATE, ZIP PHONE

The authorized representative named below may represent me in obtaining a restricted material permit or operator identification number for use in San Joaquin County. I understand that this authorization does not relieve me of liability for violations of pesticide laws or regulations on my property. This authorization shall remain in effect until I revoke it in writing to the Agricultural Commissioner.

Signature: _____ Date: _____
OPERATOR OF THE PROPERTY

Title: _____

Authorized Representative: _____
PRINT NAME

I am the property operator's: ☐ employee; ☐ relative; ☐ Employee PCA; ☐ other

SPECIFY

I hereby certify that the information above is correct to the best of my knowledge. I also understand that, in the event of violation of pesticide laws or regulations, I could be held liable either separately or together with the property operator.

Signature: _____ Phone: _____

AUTHORIZED REPRESENTATIVE

3CCR 6420(a): "Permits for agricultural use of a restricted material shall be issued in the name of the operator of the property to be treated. The permittee **or when allowed by the commissioner**, the permittee's authorized representative or licensed pest control adviser, shall sign the permit. The authorized representative or licensed pest control adviser shall provide the commissioner with written documentation from the permittee to act on his/her behalf." 3CCR 6000: "Operator of the property" means a person who owns the property and/or is legally entitled to possess or use the property through terms of a lease, rental contract, trust, or other management arrangement.

Application Specific Information Display Chart

Pesticide	Location	Date/Time	Restricted Entry Interval (REI)	Active ingredient	Registration Number

Complete chart within 24 hours of the application and display where employees can review the information with unimpeded access.

Application Specific Information Display Chart (Abbreviated)

Active ingredients and EPA Registration numbers may be found on the labels displayed with this chart.

Pesticide	Location	Date/Time	Restricted Entry Interval

Complete chart within 24 hours of the application and display with the pesticide labels used where employees can review the information with unimpeded access.